

## HVCC CHECKLIST SPECIALTY

### Suggestions for Assessing Referral Process

1. How do referral requests come in
2. Who is responsible for receiving the referral requests (getting them off the fax machine, etc.)
3. How are the referral request records handled (e.g. printed from the EMR, filed in the EMR without printing, both filed in EMR & printed; printed off of fax machine, etc.)
4. How are the referral requests logged
5. Who logs the referral requests
6. Who reviews the referral request and/or records to ensure appropriate & adequate information received
7. What is the process to get more information (the needed information) if referral request is unclear or information is inadequate for high value care
8. How is the urgency of the referral request determined
9. What is the process for urgent referral requests
10. Who schedules the appointments
11. Who notifies the requesting practice of the appointment date & time
12. How is the requesting practice notified
13. What is the process if unable to reach (contact) the patient
14. What is the process if the referral is better served by a different specialty
15. How is the primary care practice/provider identified if the patient was self-referred or referred by another specialist
16. Where are the records stored until the appointment
17. How does the clinical staff access the

### "Critical Elements" for High Value Care Coordination

1. **Patient as partner** in the referral process (patient-centered approach, patient goals are considered & clarified for diagnostic and/or management / care plan decisions)
2. Is there a **scheduling protocol** (is the specialty group asked to contact the patient to schedule or is the patient asked to call to schedule (former recommended to allow for tracking and pre-consultation)
3. Is there a **referral tracking process** for at least Closing the Loop:
  - a) Confirming (notification of the requesting practice of) receipt of the referral request and the scheduled appointment
  - b) Notification of patient preferring not to schedule or inability to reach the patient
  - c) Process to confirm contact info if unable to reach patient to schedule appointment
  - d) Notification if the referral request needs to be redirected to a more appropriate specialty service
  - e) Notification of referral request where appointment not needed (based on guidelines, etc.)
  - f) Notification of NO SHOW or Cancellation of a scheduled appointment
  - g) Ensuring timely sending of referral response note or report
4. Is there a **Pre-consultation or pre-visit review process** to at least:
  - a) Determine if referral request is to

<p>referral records</p> <ol style="list-style-type: none"><li>18. Are the referral records available at the time of the patient appointment</li> <li>19. How are test results attached to the referral response note</li><li>20. How is the referral response note sent back to the requesting practice</li><li>21. Who sends the referral response note</li><li>22. Is the PCP copied if the patient was self-referred or referred by another specialist</li></ol>	<p>appropriate specialty</p> <ol style="list-style-type: none"><li>b) Ensure adequate information has been received and if not to request it</li><li>c) Triage (risk stratify) the urgency of the referral needs</li> <li>5. Is there a <b>practice team</b> for handling referrals</li></ol>
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